

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>107645566</u>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			WD	DEP	WD	DEP	WD
	WD	DEP	WD	DEP	WD	DEP						
1							51					
2							52					
3							53					
4							54					
5							55					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL WD.							TOTAL WD.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					